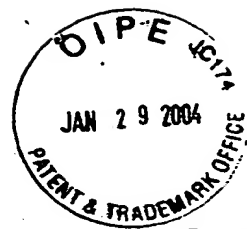


#11
DL
2-6-04

Patent

Attorney's Docket No. 032513-007



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Hesham M. ABDEL-GAWWAD

Application No.: 09/925,433

Filed: August 10, 2001

For: ENDOVASCULAR ANEURYSM

TREATMENT DEVICE AND METHOD

Group Art Unit: 3731

Examiner: Victor X. Nguyen

Confirmation No.: 4106

RECEIVED

FEB 05 2004

PETITION FOR EXTENSION OF TIME

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TECHNOLOGY CENTER R3700

Sir:

The following extension of time is requested to extend the period for response to the Office
Action dated September 29, 2003:

F E E			
<input checked="" type="checkbox"/> one month to	January 29, 2004	<input checked="" type="checkbox"/> \$55.00 (2251)	<input type="checkbox"/> \$110.00 (1251)
<input type="checkbox"/> two months to		<input type="checkbox"/> \$210.00 (2252)	<input type="checkbox"/> \$420.00 (1252)
<input type="checkbox"/> three months to		<input type="checkbox"/> \$475.00 (2253)	<input type="checkbox"/> \$950.00 (1253)
<input type="checkbox"/> four months to		<input type="checkbox"/> \$740.00 (2254)	<input type="checkbox"/> \$1,480.00 (1254)
<input type="checkbox"/> five months to		<input type="checkbox"/> \$1,005.00 (2255)	<input type="checkbox"/> \$2,010.00 (1255)

☐ The shortened statutory period has been reset by an Advisory Action dated

☒ An extension fee in the amount of \$ 55.00 is enclosed.

☐ Charge \$ _____ to Deposit Account No. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

02/02/2004 HALI11 00000017 09925433

01 FC:2251

55.00 0P

Date: January 29, 2004

By:

Elaine P. Spector
Elaine P. Spector
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P.O. Box 1404
Alexandria, Virginia 22313-1404
(703) 836-6620

((10/03))

3731



Patent
Attorney's Docket No. 032513-007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Hesham M. ABDEL-GAWWAD

Application No.: 09/925,433

Filed: August 10, 2001

For: ENDOVASCULAR ANEURYSM

TREATMENT DEVICE AND METHOD)

) MAIL STOP NON-FEE AMENDMENT

) Group Art Unit: 3731

) Examiner: Victor X. Nguyen

) Confirmation No.: 4106

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

FEB 05 2004

Sir:

TECHNOLOGY CENTER

Enclosed is a reply for the above-identified patent application.

☒ A Petition for Extension of Time is also enclosed.

☐ A Terminal Disclaimer and the ☐ \$55.00 (2814) ☐ \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.

☐ Also enclosed is/are _____

☐ Small entity status is hereby claimed.

☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$385.00 (2801) ☐ \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).

☐ Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above.

☐ Applicant(s) previously submitted ___, on ___, for which continued examination is requested.

☐ Applicant(s) requests suspension of action by the Office until at least ___, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.
- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

A M E N D E D C L A I M S					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADD'L FEE
Total Claims		MINUS =		× \$18.00 (1202) =	
Independent Claims		MINUS =		× \$86.00 (1201) =	
If Amendment adds multiple dependent claims, add \$290.00 (1203)					
Total Claim Amendment Fee					
If small entity status is claimed, subtract 50% of Total Claim Amendment Fee					
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					

☐ A check in the amount of \$_____ is enclosed for the fee due.

☐ Charge \$_____ to Deposit Account No. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: January 29, 2004

By: Elaine P. Spector
Elaine P. Spector
Registration No. 40,116

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